

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
DEFENDANT	TYPE OF PROCESS
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Wendy H. ROSAS
 17 Central Square
 Boston, MA 02108

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Wendy H. Rosas	12/10/04

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including expenses)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
180.00	18.25		198.25			

REMARKS:

2/17/04 - NOT KNOWN AT DENTIST OFFICE. APT ON 2nd FL - NO ANSWER 904 AM
 EDWARD S ZAHNATIS - NAME OF DENTIST OFFICE - AT 17 CENTRAL SQ.
 1/10/05 - NO RESPONSE - 1/31/05 - NO RESPONSE

NOTES

1. CLERK OF THE COURT

FORM USM-22

AO 440 (Rev. 10/93) Summons in a Civil Action

United States District Court

DISTRICT OF

UNITED STATES OF AMERICA

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER:

MARYANNE THOMAS-SAADE

04 12572 RWZ

TO: (Name and address of defendant)

Maryanne Thomas-Saade
17 Central Square
West Bridgewater, MA 02379

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Christopher R. Donato
Assistant United States Attorney
United States Attorney's Office
1 Courthouse Way, Suite 9200
Boston, MA 02210

an answer to the complaint which is herewith served upon you, within twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK



(BY) DEPUTY CLERK

DATE